

IFSP EXTENSION REQUEST – FORM 11
For IFSP expected to expire within 21 days of third birthday
[911 KAR 2:130 Section 2 (3) (b)]

(This form substitutes for the letter referred to in the regulation)

Child's Name:	PSC Name:
TOTS #:	PSC Phone #:
Birthdate:	PSC E-Mail Address:

(Please print clearly – your approval notice will be sent by e-mail)

Current IFSP effective dates: From _____ to _____

For IFSP expected to expire within twenty-one (21) calendar days of the third birthday:

1. Dates the extension should cover: from _____ **through** _____

2. Date of the transition conference: _____

3. List of who attended the transition conference:

Printed Name	Discipline	Agency

4. Does the team agree with the decision to extend the IFSP? _____

(This information MUST be documented in the PSC staff notes and the staff notes of all other providers)

5. Are the parents aware that they have the options of:

a. Having an IFSP team meeting? _____

b. Waiving their right to meet as an IFSP team? _____

(This discussion with the parents MUST be documented in the PSC staff notes)

6. List of services and units of each needed during the extension period:

Service	Provider Number	Units requested
PSC		

**Submit to: Department for Public Health ~First Steps Section ~ 275 East Main Street,
HS2WC ~ Frankfort, KY 40621 or FAX (502) 564-0329/(502)564-8003**

